



Health and Human Services

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2001 MRC Annual Report

MRC VISION AND MISSION

The vision of MRC is to promote equality, empowerment, and productive independence of individuals with disabilities. These goals are achieved through organizational innovation committed to creating options that enhance and encourage personal choice and risk taking toward independence and employment.

The purpose of the Massachusetts Rehabilitation Commission is to provide comprehensive services to people with disabilities that will maximize their quality of life and economic self-sufficiency in the community.

This is accomplished through multiple programs in the three divisions of MRC: the Vocational Rehabilitation Services Division, the Independent Living Division, and the Disability Determination Services Division.

MASSACHUSETTS REHABILITATION COMMISSION SENIOR STAFF

ELMER C. BARTELS Commissioner of Rehabilitation	JOHN A. CHAPPELL, JR. Deputy Commissioner, Independent Living Services
CLAIRE T. GHILONI Deputy Commissioner, Administration & Finance	KASPER M. GOSHGARIAN Deputy Commissioner, Disability Determination Services
JANNA ZWERNER Chief of Staff	WARREN L. MCMANUS Deputy Commissioner, Vocational Rehabilitation Services

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A Message from Commissioner Bartels

It is once again my great pleasure to present the Massachusetts Rehabilitation Commission (MRC) Annual Report for Fiscal Year 2001. As we begin another decade of successfully serving individuals with disabilities who live in the

Commonwealth of Massachusetts, it seems most appropriate to shine the spotlight on the people who provide these quality services to your fellow citizens, the dedicated staff of the MRC.

The Massachusetts Rehabilitation Commission provides quite unique and valuable services, each tailored to the specific needs of individuals with disabilities at various stages in their lives. Last year, MRC staff helped nearly 5,000 people with disabilities find or retain employment, another 20,000 to live independently and more than 60,000 to receive the support they needed after incurring a disability. From disability examiners and case managers to investigators and vocational rehabilitation counselors, MRC's professional employees are the focal point of our service delivery system.

It is a source of pride to all of us at the Commission that MRC staff are frequently praised for the respect, sensitivity and caring demeanor they demonstrate toward our customers . commonly referred to as "consumers," or individuals with disabilities. An example of this praise is the outcome of our most recent annual Vocational Rehabilitation Services Consumer Satisfaction Survey. The results reveal that satisfaction with their VR counselor was the most frequently mentioned response when consumers were asked what they liked best about their MRC-VR experience. Overall, satisfaction with agency services was ranked at a whopping 93%.

As you read through this Annual Report, it will become evident that MRC employees are our most valuable resource. We asked several of them to tell the MRC story this year, since staff work on the front lines of the agency . present in your local community, every day, helping people with disabilities move forward to improve their lives . and are best able to describe the positive impact participating in one or more of MRC's programs has for citizens with disabilities in the Commonwealth.

In spite of the difficulties we have recently experienced and the fiscal constraints that lay ahead, I have every confidence in the employees of MRC to rise to the challenge and continue to deliver the top quality services consumers have come to expect from us. It has been an honor to serve the Commonwealth for 21 1/2 decades in my current capacity. I am grateful to have had an opportunity for a fulfilling and dynamic job and am as committed as ever to ensure that citizens with disabilities in Massachusetts continue to have similar career opportunities as well.

Agency History

The Massachusetts Rehabilitation Commission (MRC) was founded in 1955 by state law to administer the Public Vocational Rehabilitation Program, formerly operated under the auspices of the Department of Education. The Vocational Rehabilitation (VR) Program originated in 1920 when thousands of civilians, injured on the job, found themselves with little or no access to retraining so they could work again. In order to address those needs, Congress passed the Smith-Fess Act and authorized federal funding for a vocational rehabilitation program to be operated by the states.

In 1935, during the Great Depression, Congress enacted the first permanent authorization funding the state-federal partnership to operate the Public Vocational Rehabilitation Program in every state. In 1943, the Vocational Rehabilitation Act Amendments expanded the VR Program to include individuals with emotional impairments and persons with mental retardation, authorizing the provision of physical restoration services to enable persons with physical disabilities to go to work. In 1954, Congress established research and training grants to ensure that professionally trained staff would be available to provide quality VR services to individuals with disabilities. In 1965, the Rehabilitation Act was amended to encourage individualized comprehensive planning, adding extended evaluation to the eligibility process, enabling persons with significant disabilities to have additional time in determining their eligibility for VR services. Subsequent Amendments to the Act strengthened the Vocational Rehabilitation Program by requiring a Client Assistance Program to provide information and advocacy for individuals with disabilities seeking or receiving VR services.

In 1985, the MRC-VR Division organized a Statewide Employment Services (SES) Department to administer a state-funded Extended Employment Program (EEP) and the federal- and state-funded Community Based Employment Services (CBES) program. The SES department has been designated by the MRC to develop and implement the Title VIc Supported Employment Program required by the Rehabilitation Act in order to assist individuals with the most significant disabilities to get and keep jobs in competitive employment. Today, this department also oversees initiatives such as the Disability Employment Partnership (DEP), a program designed to assist state and municipal governments to improve their effectiveness as an employer of persons with disabilities.

In 1992, Congress undertook a review of the Rehabilitation Act and enacted comprehensive amendments to reauthorize and modernize the VR Program. Finally, in 1998, the Rehabilitation Act was again amended and reauthorized as Title IV of the Workforce Investment Act (WIA). The inclusion of the reauthorization of the Rehabilitation Act in WIA served to further emphasize the fundamental purpose of the Act to assist individuals with disabilities to go to work.

The Social Security Disability Program formally began in the late 1950's, although it had been considered since the original passage of the Social Security Act. When the Disability Program was established, the Federal government decided to contract out the disability determination work to each state, offering them a choice of operational models. In Massachusetts, the decision was made to take advantage of existing relationships the MRC had with the medical profession, as well as the special skills of the staff in making judgments about an individual's functional capacity. Additionally, those claimants who had rehabilitation potential could be referred to the Vocational Rehabilitation Division for additional assistance.

Each state's DDS makes disability determination decisions regarding the receipt of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits. The core of DDS operations is Case Processing, where specially trained Vocational Disability Examiners and Medical Consultants actually make each individual's determination of disability. This process has been vastly streamlined and computerized in the last decade or two. All other DDS departments exist in order to support Case Processing.

In the late 1970's, the MRC-VR Division began to receive financial support through federal Innovation and Expansion grants for the purpose of augmenting services and establishing new Independent Living (IL) Centers throughout the Commonwealth.

While consumer involvement had always been an important building block underlying the MRC infrastructure, in 1978 it became a formal program managed in the VR Division. In the early 1980's, an Independent Consumer Consultant (ICC) Registry was developed in order to harness the knowledge of consumers in various MRC programs. Rather than simply volunteering their time to help the agency improve its services, the ICC Registry legitimized the importance of the involvement of persons with disabilities by paying consumers for their time and expertise.

The need for additional IL services continued to grow and in the mid 1980's, with the Massachusetts Rehabilitation Commission already serving more than 100,000 of the state's citizens with disabilities, the MRC Commissioner set out to create a more comprehensive approach to serving the disability community. The Independent Living Division was established in 1985 and its first programs, the Statewide Head Injury Program, Work Personal Care Assistance, and Independent Living Services, were assigned to the new Deputy Commissioner for Independent Living. The Home Care Assistance Program was added in 1986 and in the early 1990's, Protective Services for vulnerable individuals with disabilities became the newest program in the IL Division.

Together, the three program divisions of the MRC provide a comprehensive array of services to individuals with disabilities in the Commonwealth, serving as a stepping stone to a more secure and independent future.

Diversity: Making a Difference

"It is easy to observe the impact diversity has had on employees of the Commonwealth... However, many people are unaware of the tremendous impact it has made in the area of service delivery and upon our consumer base of people with disabilities."

While not everyone who is an employee of the MRC works directly with consumers, everyone has a job that supports the delivery of services to Commission customers. Mr. Albert Jones, Jr., the agency Civil Rights Officer, is one such employee who works at the MRC Administrative Office in South Boston, assisting staff in all three Massachusetts Rehabilitation Commission divisions.

Al Jones has been employed with the MRC for more than 27 years and has observed the role diversity has had on the state's workforce. He began his career in 1971, witnessing the evolution of state government from a predominantly white male institution to one which practiced affirmative action as mandated by legislation in the 80's, into one now truly committed to the concept of diversity, striving to manage it effectively. *"It is easy to observe the impact diversity has had on employees of the Commonwealth, becoming more inclusive of people from culturally diverse backgrounds, as well as women, people with disabilities and Vietnam era veterans, at all levels of employment,"* recalls Jones. *"However, many people are unaware of the tremendous impact it has made in the area of service delivery and upon our consumer base of people with disabilities."*

"This is most evident with regard to the initiatives and accomplishments at the Massachusetts Rehabilitation Commission, an agency whose diversity efforts have been a model for others and whose Agency Head, Commissioner Elmer C. Bartels, serves on the Governor's Advisory Council on Diversity," stated Jones. The Commission also embraces the concept of participatory decision-making in which top-ranking managers solicit recommendations from staff at all levels of the agency. One example of obtaining such input from staff has been through the MRC Diversity Committee (MRC-DC). The MRC-DC consists of representatives from all three agency divisions as well as its specialized Standing Committees. *"This Committee has steadily grown into an action-oriented group serving as a resource and a clearinghouse for diversity related projects; now, it even has its own budget and creates an annual plan and calendar of events,"* remarked Jones.

"MRC's involvement in diversity issues has raised the agency's consciousness to the fact that even among the various disability groups we serve, there are many separate, distinct cultures. We have taken measures to increase our sensitivity to these differences in order to facilitate and enhance services to individuals in these unique populations," concluded Jones.

An example of this programmatic enhancement is the Statewide Bilingual Employees Standing Committee, consisting of approximately 50 members who meet regularly to identify consumer needs, establish relationships with minority vendors and find more community resources for referral purposes. The group monitors the agency's provision of services to growing immigrant populations and frequently discusses best practices. Committee members also serve as resource experts to other agency staff and the community at large. One of the Committee's major achievements was the development of a training module entitled **Coming Together in the New Millennium**. This training was provided by the Committee to MRC staff statewide, as well as to employees of other agencies and private vendors. *"Because of the efforts of this Committee,"* says Jones, *"the agency can now provide information and services to specific communities in Spanish, Portuguese, Cape Verde Crioulo, French/Haitian Creole, Cantonese, Mandarin, Laotian, Kmong, Khmer, Taiwanese and a variety of other Asian and Southeast Asian languages and dialects."*

The agency's commitment to diversity became official when Commissioner Bartels enacted the MRC Managing Diversity Policy on July 1, 1992. This policy reflects the willingness of managers to be more innovative in their outreach efforts to serve consumers from culturally diverse backgrounds. The most recent example of such an action was taken by Debra Kamen, Director of the Statewide Head Injury Program. Upon review of her 1999 program statistics, she realized the African-American, Latino, and Asian communities were seriously underrepresented and underserved and took steps to remedy it. (Read the related [TBI Grant story](#) in the IL Division.)

"As such," said Jones, "our policy of managing diversity is not something we do only for moral reasons, because it is the right thing to do. It is also consistent with the current mission and goals of our agency and necessary for our success in the future."

Rehabilitation Council

The mission of the statewide Rehabilitation Council (R/C) is to advise the Vocational Rehabilitation Services Division in the delivery of effective rehabilitation services which lead to employment for people with disabilities, and to advance the use of resources necessary to promote the independence of citizens with disabilities in Massachusetts. Members are appointed by and serve at the pleasure of the Governor. The membership reflects representation of persons with disabilities and disability advocacy groups, current and former consumers of vocational rehabilitation and independent living services, business and industry, the medical profession, education, and community rehabilitation programs. Members of the Rehabilitation Council are volunteers who donate their time to fulfill the mission of the R/C.

REHABILITATION COUNCIL MEMBERS

<ul style="list-style-type: none">• Andrea Bader, Boston, MA• Dr. Michael Biber, Brookline, MA• Janet Dale, Milford, MA• Yvonne Dunkle, Boston, MA• Manuel Gross, Florence, MA• Marcia Hammond, Rutland, MA• Brooke Heraty, Belmont, MA• David Kaiser, Northboro, MA• Betty J. King, Boston, MA• Deborah Larson, Milton, MA	<ul style="list-style-type: none">• Barbara Lybarger, Boston, MA• James Moulton, Newtonville, MA• Mark Murphy, Dartmouth, MA• Angelica Sawyer, Cambridge, MA• Patricia Sheely, Pittsfield, MA• Antonia Torres, Holyoke, MA• Cindy Williams, Roxbury, MA• Paul Winske, Amherst, MA (deceased)• Douglas Wray, Springfield, MA• Sabrina Yao, Somerville, MA
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Ombudsperson

The MRC has a full-time Ombudsperson available as a customer liaison, primarily to address consumer concerns. The Ombudsperson is an MRC staff member who works in the Customer Relations Department providing additional support to people with disabilities who are receiving services from the MRC. The Ombudsperson may be contacted by a consumer, family member, advocate or MRC staff person, and will review the complaint, working with consumers and MRC staff to find a solution. If this type of intervention does not bring about resolution, then a formal appeal and/or mediation process is also available to consumers. The Ombudsman assists consumers in the VR, IL and DDS Divisions. The Ombudsperson may be contacted by telephone at (617) 204-3600 or 1-800-245-6543 (voice and TTY), or by writing the MRC Administrative Office in Boston.

In Memoriam

JEAN TURNER

Jean Turner spent a pivotal ten years working with the MRC, devoting herself to building bridges between MRC staff, consumers and their families. As a consumer consultant who experienced two traumatic brain injuries, Jean was involved in many MRC groups, including serving as a SHIP Advisory Council Member, on a number of Rehabilitation Council committees and as Chairperson of the DDS Advisory Council. She served as a consultant for the MRC Cerebral Palsy Task Force and was the recipient of the Moro Fleming Award for Outstanding Achievement in Advocacy and Policy in 1996. Diagnosed with metastatic breast cancer in 1999, Jean maintained her positive and selfless outlook, participating in experimental treatments and research in which it was not clear if it would benefit her directly. Jean will be remembered for smiling in the face of adversity and for her ability to make friends.

PAUL WINSKE

Paul Winske joined the State Rehabilitation Council in 2000 and served as Secretary of the Council until 2001. He was highly instrumental in moving the VR program agenda through the state VR plan. Before becoming a member of the MRC family, Paul was active in the IL movement and worked as a systems advocate and peer counselor at the Stavros Center for Independent Living in Amherst. There, Paul facilitated educational workshops for consumers and community members regarding disability rights and provided skills training services to persons with disabilities. He will be remembered fondly by MRC staff.

This information is provided by the [Massachusetts Rehabilitation Commission](#).



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Vocational Rehabilitation Division Overview

Every success we have in the Vocational Rehabilitation (VR) Services Division of the Massachusetts Rehabilitation Commission helping people with disabilities to become employed and financially independent has a lineage dating back to the Smith-Fess Act (PL 66-236), passed by Congress in 1920. This Act was the federal government's first attempt to address employment barriers facing people with disabilities.

The VR Program has witnessed explosive growth over the years, expanding its services to assist people with the most severe disabilities, once believed to be "unemployable." With advances in public policy, social attitudes and assistive technology, as provided by the Rehabilitation Act and its subsequent amendments, employment barriers facing persons with disabilities are not as great as they once were, but many still remain. Nonetheless, in FY 2001, the MRC-VR program helped 5,000 people with disabilities get jobs, collectively earning approximately \$76 million in their first year of employment. With an average wage of more than \$10 an hour, last year, these satisfied employees paid \$14 million in taxes to the Massachusetts and Federal Treasuries.

The VR Division receives approximately 75% of its funding from the federal government through the Rehabilitation Services Administration in the Office of Special Education and Rehabilitation Services. Recently, the VR-SES unit established IMPACT, a new program funded by the Social Security Administration in an attempt to overcome the disincentives built into receiving public benefits. This program will provide financial planning, technical assistance and outreach for persons with disabilities interested in working or returning to work. Other recent grants include Project Outreach which identifies existing service delivery systems, barriers, and resources for supports to individuals with severe disabilities who have been traditionally unserved or underserved. Finally, the Transportation Options Grant (TOP), although administered by SES, is an interdivisional initiative reviewing existing services and resources in order to enable the Commonwealth to expand transportation options for consumers trying to obtain or maintain competitive employment.

Consumer Involvement is built into the provision of VR services at many levels, and in accordance with Section 105 (c) of the Rehabilitation Act, the VR Division has a very active statewide Rehabilitation Council (see pg. 20). This past year, approximately twenty gubernatorial appointees served on the Rehabilitation Council and provided oversight and guidance to staff working in all areas of the VR Division. Several area offices and regions in the VR Division also have active Advisory Councils consisting of persons with disabilities, their family members, employers, providers and others interested in helping to improve MRC-VR services.

Staff Stories

Sheryl Spera, Speaking Volumes

MRC Vocational Rehabilitation (VR) Counselor Sheryl Spera, like every counselor in the VR system, maintains a constantly changing caseload of more than 100 consumers preparing themselves to enter the workplace. Each consumer has unique job placement needs, which may include vocational interest and aptitude assessments, specialized training, and assistance developing effective resumes. The transition to autonomy through employment for people with disabilities can also include assistive technology aids and other supports such as sensitivity training for fellow employees, enabling the person with a disability to succeed on the job.

Spera has been with the agency for eight years and works in the Somerville VR office. She is one of more than a dozen vocational rehabilitation counselors throughout the state working specifically with consumers who are deaf or hard of hearing. A former MRC-VR consumer herself, Spera began working at the MRC soon after her graduation from Gallaudet University, where she earned a degree in psychology. She is now completing a Master's degree in Rehabilitation Counseling part-time while maintaining her caseload. Her work with one consumer in particular illustrates the challenges and successes that more than 250 VR Counselors are facing with more than 36,000 MRC-VR consumers.

Cambridge resident Betty Vendetti first applied for VR services in August of 1996. Vendetti, who had worked as a printer's assistant for 16 years, suddenly lost her job. While Vendetti had enjoyed many aspects of that job, the opportunity of looking for a new career provided occasion for Vendetti to consider other jobs and what might appeal to her. She turned to the MRC for help making her goals more specific and implementing a plan to achieve them.

Vendetti began attending weekly job club meetings in the MRC-VR Somerville office. *"The job club was very helpful," recalls Vendetti. "I learned more about where to find good job listings and how to become more assertive with my potential employers about my skills and communication needs."*

Spera referred Vendetti for career interest testing, counseling her to identify the most appealing characteristics of a job. *"I love the outdoors and knew I wanted to be able to work more independently than I had been able to in the print shop,"* recalls Vendetti. Together, Vendetti and Spera discussed potential professions that fit the new profile while Vendetti began pursuing different opportunities in those fields.

Soon, Vendetti began working part-time as a crossing guard but her pay was not sufficient to cover her living expenses, even though she was now receiving SSDI benefits. *"I moved back in with my parents but I couldn't increase my hours at work or accept a raise in salary without losing my benefits. I really needed to find a full-time job."*

"One day I saw a traffic control officer riding around on a bicycle, and suddenly, I knew what I wanted to do. I went to Cambridge City Hall and filled out an application, and waited and waited for months. Every three months, I would reapply because I hadn't heard back from the city," recalls Vendetti. *"But I knew I could do the job, so I turned to Sheryl for help and advocacy."*

Spera then turned to her Area Director, James Samo. Together, they worked firmly and politely to make sure Vendetti received due consideration for a position as a traffic control officer. Spera lobbied the traffic office directly, while Samo worked his contacts in the city, making them aware of Vendetti's application. With coaching from Spera and Samo, Vendetti began addressing specific concerns some city managers had about her ability to do the job.

"It doesn't often happen, but there were a few times I was almost ready to give up," says Spera. *"But Betty was so sure, she kept on saying 'I can do this job.' My job as a VR Counselor is to help consumers land a job in their chosen career, so I just marshal all the resources I can find, counsel patience and persistence, and keep all eyes on the goal."* Like many people whose primary language is American Sign Language, Vendetti has difficulty with the syntax and grammar of written English. Spera found and enrolled Vendetti in a class specifically designed to help deaf and hearing impaired people improve their writing skills, skills that Vendetti had not used since graduating from high school years earlier. Nine months after completing the course, Vendetti landed the traffic control position.

An obstacle for the city while on the job was Vendetti's ability to communicate. Because traffic control officers sometimes deal with upset motorists, it seemed essential for Vendetti to be able to call for help, if needed. Spera and Samo responded by using their knowledge of assistive technology, showing representatives an "interactive vibrating two-way pager." This unique pager has a full keyboard allowing access to e-mail with phone, pager and fax capability. This technology allowed her and the central office to type messages back and forth. Using a few basic abbreviations, such as "WRU" for "Where are you," the paging system not only ensured Vendetti's safety in the field, but an equally efficient means of communication when compared to traditional radio communication systems.

Ms. Vendetti has been successfully employed for two years and can be seen in uniform walking the streets of Cambridge, Mass...and Spera continues to help others fulfill their employment dreams.

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Reaching Out To Southeast Asians in Lowell

Lowell is home to a burgeoning Southeast Asian community growing out of the war and unrest in Cambodia and Vietnam during the 1970's. People sought to escape the Cambodian "Killing Fields" of the Pol Pot regime (1975-1979) when an estimated 1-2 million people died. Of those who survived and came to the US, many showed symptoms of post traumatic stress disorder and depression, accompanied by substance abuse and domestic violence.

Today, the Lowell Cambodian community is the 2nd largest in the United States after Long Beach, CA with nearly 30,000 inhabitants and the highest birth rate of any ethnic group in Lowell. *"Despite these impressive statistics, we were seeing very few Cambodians at our door in 1997,"* said Ed West, head of placement services for the Lowell VR office. *"We decided to build our capacity to serve the Southeast Asian community by creating a specialty caseload and hiring a skilled Cambodian woman, Ratana Ty-Riebe, as a Vocational Rehabilitation Counselor. Though new to MRC, Ty-Riebe had a BA in Psychology and ties to many local service agencies. She collaborated with two other Cambodian VR counselors, Sokheang Hong and Thany Por of the Salem Area Office to explain MRC-VR services to Southeast Asians in both of their communities. Using Cambodian newspapers, Khmer local weekly television programs and print materials in Khmer, they attempted to increase participation in VR programs and decrease unemployment."*

In 1998, West began working with the Cambodian Mutual Assistance Association on a grant-funded initiative through the Office of Refugee Resettlement. This grant utilized internships to aid development of marketable skills among young Cambodian immigrants. With the help of Lorraine Barra, N.E. District Director, Carolyn Langevin, Lowell Area Director, and the MRC Legal Department, they were able to surmount hurdles and create their own Cambodian Youth Mentoring Program. Internships were 6-9 months in duration and the interns were trained as placement specialists, employment development assistants, clerical support staff, computer lab monitors, and youth outreach workers. Since 1998, they have trained 12 interns, many of whom have gone on to careers in human services, and all of whom have jobs.

West soon began working with Ty-Riebe, supporting her effort building a caseload. *"We conducted a joint survey with Steve Pellerin of American Training Career Initiatives (ATCI), the results of which confirmed numerous obstacles we all faced,"* explained West.

It was not enough to hire a Cambodian; other agencies had done so with limited increase in referrals.

The Cambodians who immigrated to Lowell not only shared common barriers with other groups such as language, culture, religion, and lack of marketable job skills, but they had experienced unspeakable atrocities and were afraid of government institutions. A lack of trust and fear of seeking our services loomed over us.

As in some other cultures, disability is viewed as a weakness, a demonic possession, and a family curse. Individuals are not to talk publicly about disability as it brings shame and dishonor to the family. Western treatment modalities are not a good fit with this community since individual responsibility is stressed. Twelve step models are in conflict with the philosophy of Buddhism. Male and female relationships have historically been viewed differently, overlooking domestic abuse.

Together they decided to hold a forum at a local Southeast Asian restaurant because of the need for direct care staff to share resources, identify service gaps, discuss problem cases, and support each other's work. Cambodian Community Services (CCS), a new organization, was the result of this meeting. CCS is coordinated by the MRC and ATCI and seeks organizations to present their programs and services. Meetings became more focused on referral, sharing, networking, and problem solving.

In July 2001, Tony Roun, a graduate of our Cambodian Youth Mentoring Program was brought on as a Community Outreach Worker to strengthen community ties and coordinate our efforts. Roun has been instrumental in providing access to the community's inner circle and youth population and is the spokesperson for the musical group SEASIA. His group performs at cultural events and was featured in the "Children of War" play with Yolanda King. They have even performed with Reebok Humanitarian Award winner Arn Chorn Pond, delivering a message of hope and healing for angry and disenfranchised youth.

"In an effort to further explore cultural awareness," recalls West, "I traveled to strategize with Buddhist monks at Long Beach Mental Health Clinic. At their own time and expense, Langevin, Roun, Ty- Riebe, Pond, and others have toured Cambodia to better understand the culture and traditions of the Cambodian people. We all believe that outreach is an ongoing process and that it must occur at all levels of the agency and in the community."

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Diane McDonald, Job Coaching Breeds Success

Diane McDonald has been a Program Specialist with the Statewide Employment Services (SES) Department in the VR Division of the Massachusetts Rehabilitation Commission for nineteen years. She works in the Community Based Employment Services (CBES) program providing opportunities for individuals with a history of a major mental illness, who have been unable to find employment through traditional means. McDonald helps these individuals to utilize the services of a job coach to become stabilized in employment and successfully maintain their jobs. For many people with disabilities who participate in this program, this is the first time in their lives they have experienced a successful employment situation.

As a Program Specialist, McDonald must understand each consumer and all of their needs so she can contract with the right private agency at the right time to provide the specific service the individual must have to reach their goals. *"A good example of our many success stories is Doug, a former participant in this program,"* recalls McDonald. *"In my last interview with Doug, while conducting a Client Satisfaction Survey, he stated this program was a 'lifesaver' for him and feels strongly that these types of services must continue to be available for individuals with mental illness."* Knowing Doug's history of anxiety and depression, which had previously interfered with several job placements, McDonald referred him to Options for Employment in Hyannis, a community based employment program funded by the SES Department. "Options" provides individual vocational assessments, counseling and other support services, such as job placement and job coaching, as individuals with mental illness transition to employment.

Doug reported he had developed a "fear of people," had very low self-esteem and was being treated for depression. After some unsuccessful job experiences, he developed significant difficulty interviewing for jobs because, as he stated *"I get anxious during interviews."* Things worsened for Doug, as the longer he went without work, the more depressed and anxious he became. When Doug started the Options Program, he had been unemployed for over four years and was in danger of losing his housing due to lack of income.

During the course of this program, he gained confidence and learned valuable job seeking interviewing skills. Doug benefited immeasurably from working with fellow job seeking skill group members who provided him support and shared their fears with him, thereby helping him to overcome his own feelings of self-doubt.

Doug began to work in the hospitality industry immediately after completing the program. McDonald continues to have Options staff meet with him to provide much needed support on a weekly basis. Without this support, Doug could not maintain his employment. He is now happy, feels productive, and no longer suffers the extreme anxiety that had become such a barrier to becoming employed.

"One of the biggest challenges we face as professionals in the field of vocational rehabilitation is the matching of services to the needs of each individual consumer we serve. The match between Doug and Options for Employment was perfect, resulting in Doug achieving his goal of successful employment," beams McDonald, smiling broadly.

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Triumphant Teamwork

Working as a team out of the Milford Office of the MRC-VR Division, Tricia Gosselin, Placement Specialist, and Lois Thomas, VR Counselor, provide services to individuals with disabilities so they can live independently enough to go to work. Lois and Tricia both hold Master degrees in Rehabilitation Counseling and have worked closely together since 1998, when Tricia supervised Lois as a counseling student intern in the Milford Office.

As an illustration of their work and the services provided by the MRC-VR Division they tell the story of Chad Shepardson, a young man injured in a dirt bike accident after landing on the ground, head first. Shepardson has a C-4 spinal cord injury and became quadriplegic in 1998, paralyzed from the neck down.

Throughout the rehabilitation process, Shepardson had many questions and fears common for people with newly-acquired spinal cord injuries, from basic logistics, such as returning to a home only accessible by stairs, to long-term concerns, such as what work he could do in the future with limited hand use. The Shepardsons, referred by the hospital, contacted the MRC in Milford. Gosselin and Thomas met Shepardson for the first time in March of 1999. He was home after a five-month hospital stay in Boston. As Thomas remembers, "our purpose was to interview Chad to determine if he could benefit from the services of the MRC VR Program; then we would have to determine the services he required in order for him to return to work. "He was found eligible," said Gosselin, "and we wanted to assess his work interests, transferable work skills and assistive technology needs. A five-day vocational work evaluation was scheduled with Easter Seals Massachusetts, to answer some of our questions. We then integrated the results of the evaluation into Chad's employment plan," she recalls.

As Shepardson moved toward independence, Gosselin moved on from her position as a VR Counselor to become the Milford VR Office Job Placement Specialist. Her new position would allow her to work full-time finding jobs for consumers on behalf of all the VR Counselors in the Milford Office. She would also spend her time building relationships with local employers, explaining MRC-VR services, providing Americans with Disabilities Act compliance assistance, disability awareness training and consulting on workplace accommodations, as well as matching the strengths and skills of consumers with appropriate employers/jobs in the community. With Gosselin's VR counselor job now available, Thomas was the obvious choice. She was hired to work full-time with a caseload of approximately 80-120 persons with disabilities, including Shepardson.

Together Gosselin and Thomas provided Shepardson with a wide array of the VR services he required to live as independently as possible and go to work. The partnership between these three worked exceedingly well.

Both Thomas and Gosselin scheduled home visits with Shepardson to build a solid relationship and stay connected with him until he became more mobile. Early on, the major focus of counseling and guidance sessions were identification of community supports and resources. An Individual Plan for Employment (IPE) was initiated delineating Shepardson's comprehensive plan towards employment. First and foremost, his goal was to be as independent as possible within his home and local community. All services to be provided by the MRC and other resources are listed on the IPE and include goals, timelines, and responsibilities.

In the beginning, the process of vocational assessment and exploration consisted of vocational interest testing, career counseling and computer skills assessments, to name a few. *"A neuropsychological evaluation was then ordered to determine Shepardson's intellectual skills and abilities that in turn helped fill in his vocational profile. He needed personalized education regarding all of his benefits, such as SSI and healthcare, and soon understood the effect work would have upon receipt of these benefits, an extremely important issue to him"* recalls Gosselin. Thomas helped prepare Shepardson for the next few steps, including a comprehensive driving evaluation, followed by van modification and driving lessons, which would allow Shepardson to drive himself to and from work. The MRC Assistive Technology Department then arranged for an Adaptive Equipment Evaluation through Easter Seals, providing equipment recommendations and purchases allowing Shepardson greater independence in performing work outside the home. Finally, Gosselin stepped in with job seeking skills training, eventually crafting a resume geared specifically to Shepardson's work and academic/job training history, including his strengths and abilities. The threesome was then ready to help sell Shepardson's talents to local employers. *"I met up with a recruiter from Staples at a local job fair,"* remembered Gosselin, "and discussed Chad's work profile and agreed Staples currently had a need for Chad's skill set. I met with the Human Resource Department and managers to complete a job analysis and accessibility survey on-site at Staples. An interview was scheduled and included discussion of accommodations and environmental needs. A job offer soon followed. *"Shepardson began to work part-time as a customer service technician in the Business to Business Division of Staples at their Corporate Headquarters in Framingham, MA. "His starting pay was \$11.00 per hour,"* said Thomas. *"We continued to work with the employer to ensure Shepardson had the adaptive equipment needed to successfully perform the job, which helped to ensure a smooth start for both client and employer."* Gosselin and Thomas will remain available to both Shepardson and his employer to ensure a smooth transition. They will offer follow-up, guidance, and support services to both Staples and Shepardson if requested. *"It's been a long, yet successful road for Chad. He has moved from thinking life would not have*

much to offer a young man in a wheelchair, to securing a good job that matches his skills and interests," recalls Gosselin. The future will now offer Shepardson a full life, one where he can be as independent as possible and have a satisfying career. "And that makes it all worth it," says Thomas, happily

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Building Capacity Through Partnerships

A dozen years ago, when MRC staff began to see the extraordinary possibilities assistive technology (AT) offers for people with disabilities, it was clear we would need to work together with other organizations to maximize the opportunities available. The Massachusetts Rehabilitation Commission chose to work with Easter Seals as one of its first AT partners and the bond remains one of the strongest.

The MRC leadership understood from the beginning that adapted computer access could assure success on the job for people with severe disabilities. MRC supports Easter Seals' efforts to find and adapt technology, allowing people with all types of disabilities to demonstrate their abilities in ways everyone can understand.

Today, this specialized training and technology are taking people with disabilities into competitive jobs, allowing them to live safely at home because of environmental controls and connecting them to the rest of the world through the internet and e-mail.

The Massachusetts Legislature has led the way in the nation funding assistive technology for people with severe disabilities. The US Department of Education helped fund an Easter Seals Community Technology Center in Worcester and has just provided an additional grant for a Technology Center in Boston. MRC's capacity to link people with disabilities to the technology that expands their independence has been greatly enhanced by our partnership with Easter Seals.

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MOTOR VEHICLE MODIFICATION PROGRAM

Individuals who qualify for the Vocational Rehabilitation (VR) Program are persons with severe disabilities who own or are purchasing their vehicle, are within one year of gainful employment or are already currently employed, and need the vehicle to commute to work. All modifications are specific to the functional capacity and/or limitations of the individual consumer, are part of their VR plan for employment, and are necessary for their employment. Modifications may be non-structural including small modifications such as installing hand-controls, rooftop wheelchair carriers, etc. Structural modifications refer to services including, but not limited to, widening doors, reversing door hinges, raising a roof, lowering a floor, alterations to steering and braking systems and the installation of wheelchair lift and restraint systems. Frequently, a vendor's capacity and the consumer's ability to obtain a suitable vehicle makes vehicle modifications a time consuming process. Additionally, there is a waiting list for vehicle modification services, due to insufficient funding..

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PARTNERSHIPS WITH BUSINESS

Over the years, staff at the Massachusetts Rehabilitation Commission VR Division have come to realize that all jobs are local. Networking with employers at the community level is a key ingredient in cultivating jobs, and quite simply, the more contacts a VR employee has in the business world, the more people with disabilities who will become employed. Towards this end, VR staff have developed both local and regional business advisory boards to assist them in their placement efforts.

One such group is the Greater Boston Employer Advisory Board (GBEAB), created in 1998 and consisting of volunteer representatives from thirty-four businesses in the Boston area. Some of these businesses are as diverse as Partner's Health Care, Raytheon Company, Harvard University and WBZ-TV/Boston Stock Exchange, just to name a few. These highly motivated professionals have demonstrated their commitment to assist the MRC to accomplish its mission of helping persons with disabilities go to work. Employers on the GBEAB, in partnership with the MRC, successfully model ways in which other employers, often reticent to hire people with disabilities, can learn to successfully employ, and if necessary, accommodate highly skilled persons who happen to have a disability.

Jonilee Rossi, a GBEAB member and President of MacPherson/CQ Personnel, explains that *"Employer boards are vitally important to the community for several reasons; we offer proven business experience and insight into the hiring needs and trends of the local business community. We also provide public VR with the information it needs to successfully guide consumers into the workplace. I have tapped into a labor pool I didn't realize even existed. I have hired four people from MRC for clerical and sales positions since joining the GBEAB."*

While the GBEAB meets six times a year, other Advisory Councils meet monthly or quarterly. GBEAB Board members often host a meeting at their company site and a Board member from the Massachusetts Legislature hosts the first meeting each year at the State House. The GBEAB motto is "Reach Higher and Hire," and their mission is "To help the MRC foster and promote mutually beneficial and sustainable business relationships between employers and qualified candidates with disabilities."

The MRC is grateful for the dedication of all of its Employer Advisory Board members across the Commonwealth. Our partnership with each one of you has greatly contributed to our success and we appreciate your efforts. Thank you very much!

Vocational Rehabilitation Facts and Figures

VR Consumers Served

Vocational Rehabilitation Program	Goal	Total
Number of consumers who obtained employment	4,800	4,862
Extended Employment Program		
Number of consumers who received services	1,200	
Number of consumers who obtained employment	70	32
Community Based Programs		
Number of consumers served	240	455
Number of consumers placed	90	208
Number of consumers who completed program	70	179
Number of consumers in extended services		157
Supported Employment Program		
Number of consumers served	65	89
Number of consumers placed	50	45
Number of consumers who completed program	29	29
Total Consumers placed in employment	4,969	5,205
Personal Care Assistance Program	20	21
Injured Worker Program Referrals	200	200

MRC VR Services Budget

MRC Vocational Rehabilitation Services	1999	2000	2001	Percent
Revenue				
State Participation	6,354,401	7,379,172	8,202,671	16.7%
Federal Funds	35,731,005	36,203,490	36,080,761	73.3%
Reimbursements from SSA	3,783,983	1,828,824	4,927,090	10.1%
Total MRC VR Revenues	45,868,389	45,411,486	49,255,522	
Expenses				
General Administration	4,639,184	5,293,772	6,194,003	12.6%
Upgrade Projects	900,000	500,000	300,000	0.6%
Personnel Costs	21,072,017	22,405,527	23,338,684	47.4%
Purchase of Services	19,258,188	17,212,187	19,422,835	39.4%
Total Expenses	45,869,389	45,411,486	49,255,522	

MRC VR Services Consumer Population By Disabling Condition

Psychological Disabilities	34.4%
Substance Abuse	16.4%
Orthopedic Disabilities	14.8%
Learning Disabilities	8.1%
Mental Retardation	5.5%
Deaf and Hard of Hearing	7.5%
Neurological Disabilities	2.8%
Traumatic Brain Injury	2.6%
Other Disabilities	8.1%



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Annual Report 2001 - Disability Determination Services Division

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Disability Determination Services Division Overview

Every state in the USA operates a Disability Determination Services (DDS) program, handling all Supplemental Security Income and Social Security Disability Insurance claims on behalf of the Social Security Administration (SSA). Last year, the Massachusetts DDS processed close to 80,000 cases. SSA measures the effectiveness of all state DDS agencies on a yearly basis. The MRC-DDS has been awarded numerous commendations over the years for its high quality and efficient performance. The Northeast Regional Office of the SSA has come to rely heavily on the expertise of the Massachusetts DDS, sending many of the claims from other New England states failing under the crushing workload of case processing. Most recently in April 2000, the MRC-DDS won the SSA Commissioner's Citation in recognition of its superior performance in providing services to persons with disabilities and for assisting other DDS agencies in the Northeast region. The Commonwealth reaps tremendous benefits as a direct result of the work carried out at the DDS. Not only do some of the state's most impoverished and disadvantaged citizens get the critical support they need, but Massachusetts also benefits as these claimants receive and spend \$202 million in benefits resulting from claims approved by the SSA.

The **Disability Determination Services Advisory Committee** was formally established in the early 1980's. It functions as a communication bridge between the DDS Division and consumers of its services, the community of persons with disabilities and their advocates.

DDS Advisory Committee Members Name and Affiliation

Sarah Anderson Greater Boston Legal Services
Kathleen Cardin No. Westport, MA
Chris Czernik TriCity Homeless Services
Gail Havelick Department of Public Health
Emily Herzog Neighborhood Legal Services, Lynn
Bette King Boston, MA
Linda Landry Greater Boston Legal Services
Kathy Mooney Salem, MA
Benjamin Sawyer Chelsea, MA
Barbara Seigel Community Legal Services, Cambridge
Joanne Shulman Framingham, MA
Matlyn Starks Boston, MA
Francis Verville Fall River, MA

DIFFICULT DECISIONS BENEFIT EVERYONE

Though not as well known to the general public as the other two divisions of MRC, the Disability Determination Services Division is the second largest program of the agency. "We are well known to the 'Feds' though, since we have a reputation for lending an extra hand when needed," proclaimed Tom Collins, DDS Director of Hearings, who also manages special projects. *"Not only did we get our budgeted workload done; we were also able to help with many Regional Office initiatives. This was accomplished only due to the dedication and hard work of our DDS staff. From the stockroom to senior management staff, we all pitched in. It's a real team effort,"* beams Collins. *"This year, we processed the majority of cases for the state of Vermont because they experienced major staff losses. Last year we handled cases for the state of New Hampshire,"* he says proudly.

"The staff of the DDS are a specially trained and diligent group, quietly working behind the scenes day in and day out. Each Vocational Disability Examiner must thoroughly review every Social Security benefits application to appreciate the medical, vocational, administrative and technical aspects of the claim," explains Johnnie Williams, Regional Director and manager of the Continuing Disability Review Unit. This frequently involves telephone interviews with claimants. Examiners must then secure all relevant medical records, vocational history, and often, order consultative examinations with one of the hundreds of outside medical consultants who work with the MRC-DDS across the state. The DDS Examiner and staff medical doctor then evaluate the claim. Sometimes, the claim can be allowed or denied on a medical basis alone. If not, the Medical Consultant must spell out what the claimant can and cannot functionally do. In this situation, the Examiner must then perform a vocational evaluation where the claimant's medical restrictions, age, education and past work experience is considered to determine if the claimant has a disability on a medical and/or vocational basis.

"The Examiner must then adjudicate the case and prepare a written explanation of the decision to applicants whose claims are denied. Some DDS Examiners specialize in handling appeals, conducting hearings, processing continuing disability reviews, or claims from homeless persons and those with HIV" says Williams. As a result of this work, while the national average of initial claims allowed is at 39.9%, the Mass. DDS has an average allowance of 45.4%. This may be due in part to the medical evidence of record request rate, with the MRC DDS at 76.2% against a national average of 71%, allowing the Mass. Examiners to prepare better cases at the time of application. Another example of the effectiveness of the DDS is evident when compared to the national average of total claims allowed, at 2.95 per 1,000 population, with the Massachusetts DDS maintaining an edge over most states with an average allowance of 3.11. *"This kind of quality work makes my job a bit easier,"* explains Collins. Williams agrees.

Another fact these two MRC DDS managers like to point out is that they have a consultative exam rate of only 28.8%. The national average for consultative exams is 41.5%. This translates into most of the disability determination decisions being made based on input from the 'treating source' who best knows the claimant. Thus, the MRC-DDS has saved the federal Social Security Program thousands of dollars during this past fiscal year.

SPECIALTY UNITS - WIN REED, HIV LIAISON

In the spring of 1980, six years into Winston "Win" Reed's work at the Disability Determination Services (DDS) as a disability examiner and alternate supervisor, a friend - "Joe" - told him that he had GRID (Gay Related Immune Disorder). This new illness seen in gay males provoked both fear and shame in the community. By the time Joe told him, he was severely ill, homebound and being cared for by his mother. His career as one of Boston's newest acclaimed chefs was over and he had no income. During visits, Reed tried to convince Joe to apply for disability benefits, but like many others with GRID, he was afraid of the stigma and too weak to even go to the Social Security Administration (SSA) office. With permission from both SSA and DDS, Reed took a disability benefits application to Joe's home, filled it out, and walked it through SSA and into the DDS. Reed then approached Joe's physician for his medical file in order to complete the claim. Joe finally got his benefits, about two months before he died.

Shortly after, Reed joined the founding group of the AIDS Action Committee (AAC) and the floodgates opened to multiple disability claims and the problems inherent in handling them. *"Claims reps were leery of interviewing applicants, no guidelines were in place for the medical evaluation of these new claims and the people with this disability felt stigmatized, avoiding contact with everyone. The need for compassion and confidentiality was obvious to anyone who read or watched the news. So in 1981, Kasper Goshgarian, the DDS Deputy Commissioner, recognizing the need for these claims to be handled as a specialty, appointed me as the AIDS Coordinator,"* remembers Reed.

The Massachusetts DDS was the first DDS in the nation to treat AIDS in such a manner and it has remained in the forefront of this work ever since. *"At that time, we all felt this new illness would be over in a couple of years; years later HIV remains rampant in the USA and is an epidemic on every continent in the world,"* recalls Goshgarian.

Today there are seven Massachusetts DDS HIV trained examiners, as well as a number of physicians, located in both the Worcester and Boston DDS offices. *"Now, there are federal regulations covering HIV claims, put into effect in 1993. Based on these regulations, the Mass. DDS allows approximately 75% of all HIV claims,"* Reed states proudly. *"With a dedicated and nonjudgmental staff, the unit is committed to handling the most difficult claims from a very divergent population, with applicant ages ranging from birth to 80."*

DDS works closely with many community and statewide HIV groups, including AAC, AIDS Project Worcester, Cape Cod AIDS Alliance, to name just a few, and every hospital AIDS clinic from Worcester to Boston. *"We are in close contact with the MA Insurance Connection (MIC) program under Emergency Aid to the Elderly, Disabled and Children (EAEDC) program established by the Commonwealth to pay medical insurance premiums, a major expense for the HIV disabled population; a call from DDS to MIC is all that is needed to eliminate a major burden from those already swamped with problems. The interaction between DDS and all of these groups is on a first-name basis, resulting in the elimination of red tape that can needlessly delay claims. All of this outreach, advocacy and education by DDS has been extraordinarily successful, not only in helping these groups guide their clients through a confusing and complicated process during a very difficult time, but also in establishing important working relationships for both sides. Because of the confidential nature of the information we need and the work we do as Examiners, this is a key factor in our success,"* states Reed.

"The past 22 years of HIV liaison work have been frustrating," admits Reed, *"but also educational, demanding, and while very depressing, most of all it has been rewarding."* Rewarding, because Reed can truly say the DDS HIV team has made a huge difference in the lives of thousands of people with disabilities in this often maligned and misunderstood population.

Two informative brochures have been published in a cooperative effort between the DDS Advisory

Committee, Community Legal Services, Greater Boston Legal Services and Tri-City Homeless Services.

Social Security Benefits for Homeless People with Disabilities This guide provides practical tips on how to successfully apply for Social Security benefits when you are homeless and have a disability. It contains instructions on how to complete an application, your rights when applying for SSI and SSDI and answers to questions for homeless persons with a history of substance abuse. Also included are phone numbers of programs that can provide additional information.

An Advocate's Guide to Social Security Benefits (SSI and SSDI) for Homeless People with Disabilities This guide contains an overview of SSI/SSDI, information on the helpful role of an advocate in the application process, application requirements, and the importance of following up. Free legal representation may be available. This brochure also contains phone numbers of programs that can provide additional information.

OUTREACH TO THE UNDERSERVED - Clare Deucher

Imagine the amount of energy and organizational skills that must be needed by a person who has a disability, is unemployed, and applies for Social Security Disability Insurance benefits," muses Clare Deucher, DDS Supervisor and employee of 23 years. No doubt SSA's regulations may seem confusing, and the paperwork, perhaps, overwhelming. *"Now, imagine what it must be like for someone who is homeless. Where would you turn for assistance? What agency would go out of its way to understand your unique needs and guide you through the government requirements? How would you be able to obtain the benefits you need to help you get back on your feet and out of a shelter?"* asks Deucher, knowing full well who holds the answer.

Deucher was a Vocational Disability Examiner for 18 years before becoming the Supervisor of the Homeless Unit at the Boston DDS, where exceptional services have been provided since about 1985. The unit is comprised of nine staff highly committed to the task of helping consumers in dire need of DDS services. *"We are aware of the homeless population's special requirements and the extra effort required to work with them. For every homeless consumer, a diligent effort is made to obtain the documentation needed to make an informed decision on each individual's disability claim,"* asserts Deucher.

"Having a small cadre of MRC-DDS employees working with the homeless allows us to form effective relationships with shelter staff, advocates and homeless clinic employees who can assist us in our ultimate goal for each homeless consumer . . . to receive a fair and thorough decision about their disability eligibility. Such extra efforts might have burned out ordinary people long ago. However, these dedicated DDS Examiners continue to bring compassion to their jobs not typically epitomized by government employees. This thankless work is not suited for everyone, but for the Examiners in the Homeless Unit, it is the most fulfilling work," admits a gratified Deucher.

DDS FACTS AND FIGURES

Total Receipt of Cases	76,663
Total Disposition of Cases	78,900
Total Budget	\$30,964,146
Cost Per Case	\$380
Continuing Disability Review (CDR) Receipts	18,614
Continuing Disability Review (CDR) Dispositions	20,814
Consultative Examinations Purchased	23,502
Consultative Examination Rate	28.8%
Medical Evidence of Record Purchased	62,117
Medical Evidence of Record Rate	76.2%
Total Medical Costs	\$6,270,326
Accuracy of Decisions as Measured by SSA	94.3%

DEMOGRAPHICS OF POPULATION

Total Population (Massachusetts)	6,349,097
Initial Claims Filed	44,396
% Allowed	45.4%
Persons Below Poverty	10.7%
Low Income Population	31%

This information provided by the [Massachusetts Rehabilitation Commission](#).



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Independent Living Division Overview

The Independent Living (IL) Movement was developed as an outgrowth of the civil rights movement in the early 1970's by people with disabilities who realized their issues were similar to other disadvantaged groups. The philosophy underlying the IL Movement holds that people with disabilities should have the right to control their own lives and have access to the same opportunities as others without disabilities. With this philosophy as its cornerstone, the Independent Living Division of the MRC was established in 1985. Early IL programs included Personal Care Assistance (PCA), Head Injury and Independent Living services.

The IL Division has steadily grown and expanded its operations, adding Home Care Assistance, Supported Living, Turning 22, and Protective Service programs, as well as assistance with housing, all for the purpose of improving the quality of life for persons with disabilities in Massachusetts. An Assistive Technology (AT) program was piloted in 2000, providing for the technology needs of individuals with disabilities who have independent living goals. While technology can assist people with disabilities at work, it can also assist people at home to access information via the Internet, conduct banking, shopping and for general communication as well.

Last year, an RFR was released and three providers were identified to meet the AT needs of consumers statewide. The MRC also has an Interagency Service Agreement (ISA) with UMASS-Dartmouth for AT services and training through Project SHARE. The AT providers conduct intake and evaluations of need and provide adaptive hardware, software, training and follow-up services. This past year, 150 people with disabilities received AT services to assist them in achieving their independent living goals.

Several IL programs maintain long waiting lists such as Adult Supported Living, established to provide case coordination services to adults with severe disabilities who have a cognitive, emotional, or sensory impairment. Last year this program was at full capacity, serving 85 individuals who did not qualify for other MRC programs or who were unable to manage a PCA on their own. The goal of all Supported Living services is to assist individuals to live independently in the community, rather than in nursing homes. In fiscal year 2001, the MRC-IL programs collectively assisted 2,475 individuals to avoid institutionalization, thereby saving the Commonwealth \$94 million.

Turning 22 - Supported Living Program

This program provides case coordination services through contracts for students who are turning 22 and will need supports when they leave the school system to live independently in the community. Consumers must be under age 22, have a severe physical disability with a mobility impairment and have a 688 Individual Transition Plan (ITP) identifying the need for supported living. Supported Living (SL) incorporates the independent living model of consumer control and choice, encouraging consumers to empower themselves by active participation in decisions affecting their lives. Case coordinators provide services such as helping consumers with organizational skills and problem-solving to find housing, managing, hiring or firing PCA's and budgeting. Approximately 25% of consumers in this program are eventually referred for vocational rehabilitation services from MRC's Statewide Employment Services department. In FY 2001, 41 consumers received case coordination services.

Staff Stories - The Hardest Job I Ever Loved, Cindy Wentz

"The hardest job you'll ever love. "I remember this saying from an old public service announcement urging young Americans to join the military. For me though, the phrase applies to a different situation and captures the essence of my experience working in the MRC's Independent Living Program on the 'Rolland case' settlement," claims Cindy Wentz, Independent Living (IL) Program Coordinator.

The primary focus of Wentz's job this past year has been to facilitate the transition of individuals with disabilities from nursing homes into community living. While IL staff have been doing this for many years, last year Wentz began this work because of the 'Rolland case,' a class action lawsuit brought by and on behalf of individuals with developmental disabilities

who were living in nursing homes. It is not unlike the Olmstead case where the US Supreme Court determined that publicly funded institution and nursing home residents with disabilities had the right to live in less restrictive community settings.

Says Wentz, "I would be hard pressed to think of any other project that could spark my passion more than this one. I have had a disability since birth and I live, breathe, and eat independent living philosophy every day of my life. I feel truly honored and lucky to do work that's in such close alignment with my personal ethos. After college, I went to graduate school and earned a degree in Rehabilitation Counseling. Hopefully, the consumers for whom I facilitate new living options can find some value, some common chords in my life experiences, as well as my professional skills and knowledge."

A few hundred people in Massachusetts nursing homes in the 'Rolland class' fall under the jurisdiction of the MRC; more than a thousand may be served by the Department of Mental Retardation. *"For many years MRC has assisted other individuals to leave nursing homes or chronic care institutions for more independent lives in the community settings of their choice through our supported living programs,"* explains Wentz.

"Back in the '60's, before the development of the range of community supports now available, some people were institutionalized by their families. As one woman's sister told me, her parents were getting older and were concerned for their daughter's future. They thought a nursing home would be the safest, least isolating place for her where all of her needs would be met. They only meant the best. Moreover, for whatever reason, even as some of her peers found their way out of those settings, this woman never did. Unfortunately, some individuals with developmental disabilities, now in their 50's and 60's, have lived in these institutions for over forty years," recalls Wentz.

For some people in the 'Rolland class,' something as simple as a hospitalization for a non-life threatening medical problem led to years of nursing home living. In the meantime, well meaning friends and family professionals may have given up the individual's apartment or slot in a group home, leaving the individual with no place to go and too often without the knowledge and resources to re-enter community living.

"It is always gratifying to witness an individual leave a nursing home, become established in a home and begin to make connections in their town or city. The most important thing I do to help make this possible is to listen and understand a person's goals and needs and then pull together the supports and resources to best meet them. This is often a challenging task and always a very time consuming one. Usually, there are many professional 'players' involved with each person, sometimes with conflicting agendas, sometimes not understanding each other," explains Wentz. *"My job has been to troubleshoot, mediate, expedite, advocate, sort out confusion and establish reasonable time frames to keep everyone moving in the right direction at a good pace, all while honoring the consumer's wishes and facilitating their right to make choices to the greatest extent possible. It's a balancing act of respect, diplomacy, innovation and perseverance."*

For example, 'Mary' was told that she would be in a nursing home for only about a month until housing could be found for her. She, her husband, and daughter had recently been evicted when they couldn't pay their rent. They moved into a shelter and her daughter, who also has a disability, became a residential student at a special education school. Her husband was having emotional problems that necessitated the couple leave the shelter. Thus, Mary, who uses a wheelchair due to cerebral palsy, went into a nursing home. "I got involved when the local Independent Living Center and other concerned agencies referred Mary to me understanding that she would soon need more services than they could provide in order to return to the community and be successful in maintaining her independence. Shortly thereafter, Mary became eligible for services as a 'Rolland class' member. She had already been in the nursing home for three months and she and her social worker still had not found housing. She was depressed and hadn't seen her daughter since admission. It was clear Mary didn't need to be in a nursing home but she and her husband would need ongoing case coordination to help them with their day-to-day lives," recalls Wentz.

Wentz called in staff from Alternatives Unlimited, a central Massachusetts vocational and residential services provider. "Additionally, I checked MASSACCESS, an online database of subsidized housing funded by the MRC and maintained by Citizen's Housing and Planning Association (CHAPA). These efforts paid off as I discovered a wheelchair accessible subsidized two-bedroom apartment and Alternatives Unlimited jumped at the opportunity to assist Mary in applying for and ultimately securing this housing. Mary receives a lot of assistance from Alternatives in recruiting and managing her PCA's, in budgeting the couple's money, and in finding community resources. They helped her acquire needed household goods and set up a network of health care providers in her new community," says Wentz. At MRC's suggestion, the provider is currently helping her apply for fuel assistance. With her living situation more stable, Mary is now thinking about future employment. "She is receiving vocational counseling from an MRC-VR Counselor to explore her interest and aptitude in a position that would entail computer use. Now that 'Mary' has adequate PCA's and case coordination assistance, her husband is also now able to seek employment," says Wentz, with relief.

"For staff in the IL Division, we still have a huge task awaiting us. Every week we are contacted on behalf of individuals in nursing homes who are desperate to get out. We will need to develop new housing alternatives and models of community supports to assist some of these individuals to achieve this goal. We must work within the financial constraints of the settlement and the policies of the various healthcare, financial and housing support systems in the Commonwealth. However, this challenge excites me. It's thrilling to be able to combine knowledge of resources, creativity, and clinical skills to make such positive life changes possible for people. Sometimes it does feel like 'the hardest job I ever loved,' but I look forward to continuing along this path," notes Wentz enthusiastically.

Transition To Adulthood Program (TAP)

MRC's TAP Program provides training in self-advocacy, social skills building and peer counseling to high school students who have a severe disability, which also includes a mobility impairment. TAP trainers provide services at four Massachusetts Independent Living Centers, in Boston, New Bedford, Fall River, and Worcester, as well as the

Massachusetts Hospital School in Canton, MA.

TAP Trainers - individuals who have disabilities themselves - serve as role models, teaching students to become self-advocates and thereby increase their likelihood of being successful moving toward independence. Expansion of the Transition Program to other geographic areas in the Commonwealth depends on increased funding. In FY'01, the TAP provided services to 69 individuals with severe disabilities, helping them avoid institutionalization.

MASS ACCESS HOUSING REGISTRY

The MASS ACCESS Housing Registry, a program of the MRC, is a database listing all of the accessible, adaptable, and ground floor units in rental properties in Massachusetts. The mission of MASS ACCESS is to match available housing with people requiring the access features for free. The database is administered for MRC by Citizens Housing and Planning Association (CHAPA) and includes over 11,500 accessible units. The database is available on-line at www.massaccesshousingregistry.org.

For more information call Citizens Housing and Planning Association toll free at 1-800-466-3111 **Independent Living Centers Program**

The MRC Independent Living Centers (ILC's) Program contracts with the eleven ILC's in the state of Massachusetts for the provision of IL services to persons with significant disabilities. The ILC's provide four core services: information and referral, peer counseling, skills training and advocacy. Among the community services provided by ILC's are public information, systemic advocacy and community education and outreach. ILC's provide a range of other services such as the Americans with Disabilities Act accessibility evaluations and technical assistance, support groups, newsletters, recreational events and more, according to the Center's capacity and needs of consumers within their service area. The newest Center, the Vivienne Thompson Independent Living Center in Jamaica Plain, formerly the Minorities with Disabilities Advocacy Center, had a successful first full year advocating and serving consumers in the minority communities of Boston. In FY'01, the Massachusetts ILC's served 10,401 individuals. Several ILC's assisted MRC in coordinating the move of six people with disabilities residing in nursing homes into the community.

Staff Stories - For Safety's Sake, Sabrina Cazeau-Class

Sabrina Cazeau-Class, a Protective Services Investigator for the MRC, can only be sure of one thing when she answers her phone or pager; she's being called to help someone in an emergency. MRC-IL Protective Services staff, largely unknown to the public, serve as a last resort on life or death safety issues affecting hundreds of people with severe disabilities who depend on caregivers to live independently in their homes in Massachusetts. Cazeau-Class, who responds to calls throughout Western Massachusetts, logs up to 2,000 miles a month on the road as she conducts her investigations and follows up with abuse victims in homes, residences, and all too often, hospitals.

The relationship between people with disabilities and their caregivers is often a very intimate one, and crucial to maintaining their independence. Without caregivers, many people with disabilities would need to live in nursing homes or hospitals to receive the daily care they need to survive, limiting their autonomy and costing the Commonwealth millions of extra dollars.

The vast majority of caregivers, either relatives of the care recipient or qualified professionals, diligently carry out their duties with concern and respect. Yet, daily caregiving can be extremely stressful and is always demanding. Caregivers, like anyone else, can go through periods of feeling overwhelmed or burned out. When this happens, the people with disabilities who are the recipients of hostility but who also depend upon their caregivers may feel trapped in an abusive relationship, choosing either to let the abuse continue or possibly risk losing the autonomy of their living situation by making a call to the Disabled Persons Protection Commission (DPPC), reporting the abuse. The abuse may be physical, verbal, emotional, or sexual and may come from a partner, family member or Personal Care Attendant (PCA).

Each investigation includes, at the very least, contacting the reporter of the abuse, the alleged victim and the alleged perpetrator, and may include physicians and other social service or health care providers. *"The goal is to get as much information as quickly as possible," according to Cazeau-Class. The primary concern is always safety, particularly the safety of the alleged victim. "You must always be persistent, and, be respectful," she emphasizes.*

Part of the challenge for Cazeau-Class is explaining to the people involved in each case that there are other living options available. Social situations are, by nature, fluid, and after securing the personal safety of the alleged abuse victim, the next goal is to identify available interventions to help minimize the distresses of daily life that can be overpowering in the context of caregiving. "I always tell people when I work with them to use me, ask me questions. I'm a resource working just for them," says Cazeau-Class. By law, the victim of the alleged abuse is contacted within 24 hours of the first call to Protective Services, and the initial report, addressing the substance of the charge, is completed within 7 days. In addition to interviews with the alleged victim and abuser, the investigation may require contacting other family members and involved rehabilitation professionals, as well as researching any relevant case history.

A 1994 graduate of Regis College and French Communications major, Cazeau-Class first became interested in disability issues while working as a Personal Care Attendant for one of her classmates. *"I came to understand that just like me, she was struggling to prove herself. People we meet have a tendency to immediately judge us based upon our presentation, overlooking us as an individual."* Cazeau-Class worked as a Victim Witness Advocate for the Norfolk County District Attorney after graduation, before coming to the MRC in December of 1995.

According to Cazeau-Class, the nature of the work requires supportive relationships between all the investigators in the Protective Services Unit. "Because it can get so busy, we rely on each other every day. Recently, I urged one consumer to go to the hospital for treatment. Later in the day, a meeting ran late, and I asked a colleague to make sure the consumer had in fact gone to the hospital," she recalls. "The other investigator instinctively knew the urgency of my

request and phoned the consumer. A short time later, I contacted the consumer. The paramedics were at her home ready to transport her to the hospital. It may not sound like a big deal, but we all share this tremendous sense of responsibility for someone's life, so that type of support from a colleague makes all the difference. " *We never know how a complaint will ultimately be resolved. The needs of the individual with a disability always will dictate what happens to them. Many consumers end up working with MRC Protective Services staff to ensure a decrease in their level of risk. I often refer consumers to our Home Care Assistance Program and the Home Modification Loan Program as well. I have referred others to the Department of Mental Health and appropriate Health & Human Services agencies," explains Cazeau-Class. Ultimately, some consumers go directly to law enforcement authorities for criminal prosecution for the most serious cases of abuse and/or omission. "We're not in the business of making everybody happy" realizes Cazeau-Class, " we're in the business of helping people save their own lives, and that's very hard. The goal is to never take the job home, but to just keep moving ahead. Sometimes that is easier said than done. On occasion, I find myself wondering if someone I just visited during the day is safe for the night or the weekend when she goes to bed," admits Cazeau-Class.*

The Home Care Assistance Program (HCAP) provides homemaker services to eligible adults with disabilities who are between the ages of 18 and 59 who live alone or with children under the age of 18 and are at risk of hospitalization because of a mental or physical health condition. Homemaking services include direct assistance with meal preparation, grocery shopping, medication pick-up, laundry and light housekeeping. The assistance of a homemaker helps individuals maintain their independence in their home, prevent hospitalization and avoid institutionalization. Homemakers are trained and supervised by community-based home care agencies under contract with the MRC-HCAP. Eligible individuals can receive a maximum of 12 hours of home care services per week. However, consumers may also receive HCAP services through individual Home Care Assistants selected and supervised by a consumer and paid through contract with the MRC.

The MRC's Home Modification Loan Program provides no- and low-interest loans including deferred payment loans, to low - and moderate-income households in which at least one member has a disability requiring a home modification. Modifications can include ramps, lifts, modifications to bathrooms and other types of access modifications. MRC sponsors the program, administered on the local level by the Community Economic Development Assistance Corporation, a quasi-public agency, through six nonprofit agencies. As of mid-December, the program had received 515 applications from elders, adults with disabilities and families of children with disabilities. Nearly \$5 million in funds have been committed and over 140 loans have been successfully closed.

Staff Stories - TBI Grant Serves Culturally Diverse, Maria Cristina Vlassidis

The Statewide Head Injury Program (SHIP) serves individuals who have a traumatic brain injury and need individualized supports in their home and local community. The goal of these services is to promote and maintain the independence of the consumer within their community, avoiding placement in a nursing home or other institutional setting.

"It has been demonstrated that individuals with TBI are most likely to benefit from skills training and practice when done in their natural setting," explains Kamen, Director of SHIP. *"Thus, our services often include case management to help individuals deal with things like evictions, access substance abuse treatment or necessary medical services, and to facilitate neuropsychological evaluations, psychotherapy or other therapies such as physical therapy, occupational therapy, and the like."*

Although there is a high incidence of TBI in the Latino, African American and Asian communities, 1999 SHIP statistics revealed these groups were seriously underrepresented and underserved. In 2000, Kamen applied for and was awarded a 3-year \$200,000 grant from the Health Resources and Service Administration to implement the Traumatic Brain Injury Multicultural Outreach Project (TBIMOP). The purpose of the Project is capacity building of both minority community organizations and SHIP to increase outreach to individuals with TBI from diverse cultural backgrounds and to create or enhance culturally sensitive services, information, and supports for TBI survivors and their families. Maria Cristina Vlassidis, who joined the agency in September 2000 as the SHIP Multicultural Outreach Project Coordinator, explains, *"I have witnessed a terrific increase in the number of referrals to SHIP of people from culturally diverse backgrounds in just less than one year. Before the start of the TBI Multicultural Outreach Project, SHIP applicants from Asian descent averaged only two per year. Now that number has risen to six."* Motivated by her work, Vlassidis explains, *"We strive to reach out to populations which have been historically underserved, and to those new ones which are already enriching the fabric of our local neighborhoods. As Project Coordinator, my main function is to facilitate communication among very diverse groups."*

This past year, the TBI Multicultural Outreach Project achieved one of its goals by translating various Massachusetts Brain Injury Association brochures and informational materials into Spanish, Portuguese & Chinese. These materials are distributed by the Project partners, including South Cove Community Health Center, Martha Eliot Community Health Center and Harvard Street Neighborhood Health Center, serving the Chinese, Latino and African-American communities, respectively. *"These materials have been praised by the Human Resources and Services Administration's Maternal and Child Health Bureau and they have supported their distribution nation-wide,"* claims Vlassidis, pleased with their success.

Every week, Vlassidis and the project partners take the TBI Multicultural Outreach Project "on the road" by conducting presentations for various constituencies such as seniors at the Chinese Golden Age Center, ESL students at the Asian Civic Association, bilingual domestic violence counselors at the Latino Health Institute, clinical staff of the Metro Boston Asian Collaborative, public housing tenants, and Latino parents and their children, among others. "I have also found great success in using the media to promote TBI awareness and the services provided by MRC/SHIP. Periodically, I conduct live radio and cable T.V. shows in Spanish in collaboration with the Department of Public Health's Office of Minority Health and the Latino Health Institute. We do this so everyone can have access to the information, regardless of their literacy level.

"Last year, more than 500 people with a TBI in the Commonwealth received services from SHIP. Of these, 120 people received intensive case management and community support services at an approximate cost of \$6,000 per person, per year. "Considering the high cost of institutionally based care, the savings to the Commonwealth was quite significant," explains Kamen. There is a wide range of both physical and behavioral impairments associated with brain injury, requiring life long services and supports. These services are often not reimbursable through third party payers because they are community based, as opposed to medically necessary. They include structured day programs, respite care, transportation, substance abuse treatment and cognitive retraining, to name just a few.

"The Trust Fund for Head Injury Treatment Services was established in Chapter 138 of the Acts of 1991," recalls Kamen, which assessed a \$125 fine against people convicted of driving under the influence. While this Act attempted to cover the costs of an ever-increasing number of newly injured citizens, it could not adequately keep pace with the rising cost of providing the complex array of services people with TBI really need. "Thankfully," explains Kamen, "TBI advocates worked with the Legislature and the Administration to create a \$25 speeding ticket surcharge which was put into a retained revenue account to further support our program. It took a lot of courage to establish this account and it has helped enormously to assist in serving people on our waiting list."

"MRC's SHIP was also recently awarded a federal recreation grant to promote collaboration with community-based multicultural organizations in order to provide direct services to TBI survivors from diverse cultural and linguistic backgrounds," boasts Vlassidis. Plans include developing a culturally competent recreation curriculum, providing training to a diverse group of providers, and engaging in cross-training to learn about the various cultural diversity issues impacting their delivery of services as well.

"When people ask me what I do," ponders Vlassidis, "I tell them 'I'm sort of a match-maker'; I bring people together. I try to facilitate communication among individuals from very diverse cultural and linguistic backgrounds and I encourage them to celebrate their differences and build bridges. I encourage partnerships that will continue to refine their capacity to provide community-based services for people with TBI, beyond the life span of this particular grant. I am proud to be part of MRC/SHIP, knowing that we are committed to continuous improvement in the field of cultural competence."

SHIP ADVISORY BOARD MEMBERS

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Independent Living Division Service Delivery Report FY '01

Protective Services	Total
Number of consumers who received services	125
Number of new service plans	314
Number of consumers provided paid services	77
Number of investigations	239
\$ Expended	\$587,000
Head Injury Services	
Number of consumers who received service coordination	520
Number of new applicants	206
Number of services purchased for consumers	561
\$ Expended	\$5,748,185
Home Care Services	
Number of consumers served	1792

Number of new cases opened	546
Number of hours of services provided	248,610
Expended	\$5,378,507

Turning 22 Services

Number of consumers who received services	90
Number of consumers in Supported Living services	42
Number of new Individual Transition Plans developed	4
Number of new intakes	10
\$ Expended	\$1,709,453

Supported Living Services

Number of consumers who received services	68
Number of consumers on waiting list	27
\$ Expended	\$562,783

Housing Registry

Number of new listings	379
Number of vacancies	547
Number of housing calls to Independent Living Centers	5,952
\$ Expended	\$100,000

IL Center Services

Number of consumers who received services	10,401
Number of Information and Referral calls	10,093
\$ Expended	\$3,291,185

TOTAL IL CONSUMERS SERVED	29,804
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Health and Human Services

Departments & Divisions

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> Annual Report 2001 - Financials

Annual Report 2001 - Financials

Appropriation	Name	FYI 1999 Authorized	FYI 1999 Expended	FYI 2000 Authorized	FYI 2000 Expended	FYI 2001 Authorized	FYI 2001 Expended
41201000	Administration for State Programs	362,662	356,925	366,692	357,864	496,643	496,579
41202000	Vocational Rehabilitation	6,405,313	6,354,401	7,408,666	7,399,172	8,231,583	8,222,671
41203000	Employment Assistance Services	7,656,896		8,330,747		9,025,618	
Personnel Costs			286,161		324,048		358,713
Extended Employment Program			5,890,622		5,965,160		6,368,382
Supported Work			1,175,876		1,740,790		1,946,137
Allocated Out			215,000		215,000		215,000
Other Costs			63,462		26,125		44,312
41204000	Independent Living Services	5,208,798		7,408,666		7,806,287	
Personnel Costs			528,323		585,505		642,992
Independent Living Centers			2,506,261		3,147,908		3,297,910
Turning 22 Services			1,053,097		1,257,593		1,744,367
Assistive Technology			-		429,051		503,229
Personal Care Assistance			538,326		391,738		470,559
Supported Living			281,185		490,372		510,878
Protective Services			51,172		102,957		100,517
Allocated Out			3,366		105,050		208,531
Other Costs			40,840		64,953		44,739
41204001	Housing Registry	100,000	100,000	100,000	100,000	100,000	100,000
41205000	Home Care Services	4,500,368		4,588,569		4,704,801	
Personnel Costs			582,681		648,216		672,241
Direct Services			3,583,378		3,874,753		3,897,785
Other Costs			76,763		49,306		45,678
41205050	Medicaid Retained Revenue	-	-	1,000,000	920,733	2,000,000	1,868,957
41206000	Head Injured Services	6,691,328		6,785,820		6,923,277	
Personnel Costs			554,322		632,877		702,263
Direct Services			5,860,889		5,825,470		5,748,185
Allocated Out			21,881		55,445		55,710
Other Costs			64,852		60,422		41,062
41206001	Head Injured Additional Services	750,000	572,793	750,000	718,859	750,000	726,134
41206002	Head Injured Retained Revenue	-	-	214,265	214,265	2,000,000	1,417,327
41246898	POS Provider Salary Reserve	338,541	338,541	534,446	534,446	279,201	262,865
TOTAL		32,013,906	31,101,117	37,487,871	36,238,078	42,317,410	40,713,723

Number of MRC Consumers Served

	Total	DDS	IL	VR	VR Grads*
FY 2000	129,608	81,254	26,232	39,100	4,850
FY 2001	148,392	78,900	29,804	39,688	4,862

*Consumers who became employed

FY '01 State Funds

Vocational Rehabilitation Division \$17,651,794 **43%**

Independent Living Division \$23,061,929 **57%**

Total State Funds Expended \$40,713,723

Appropriation of FY '01 Federal Funds

Vocational Rehabilitation/Federal \$36,080,761

Vocational Rehabilitation/SSA \$4,972,090

Supported Employment \$602,336

Disability Determination Services \$30,964,146

Independent Living Services \$1,211,081

Other Federal Spending \$763,011

Total Federal Funds Expended \$74,593,425

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